



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
DEPARTMENT OF STATE
DIVISION OF PROFESSIONAL REGULATION
BOARD OF EXAMINERS OF PSYCHOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV

APPLICATION FOR PSYCHOLOGIST LICENSURE BY EXAMINATION INSTRUCTION SHEET

Please read all instructions carefully before completing and submitting your application. Failing to follow instructions may delay your licensure. All auxiliary forms you need are included in this packet.

When to File Application *by Examination*

Complete the *Application for Psychologist Licensure by Examination* if either of the following descriptions applies to you:

- You are not currently licensed in another state.
OR
- You are currently licensed in another state AND all of the following statements are true:
 - You have not practiced continuously for at least two years, and
 - You do not hold a Certificate of Professional Qualification in Psychology (CPQ), and
 - You are not credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

If you don't meet the criteria above, complete the [Application for Psychologist Licensure by Reciprocity](#).

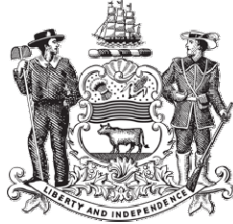
Who Must Take the Examination

The exam for Delaware Psychologist licensure is the *Examination for Professional Practice in Psychology* (EPPP).

- If you have never passed the EPPP, the Board of Psychology must approve your application to take it.
- If you passed the EPPP over five years ago, you must re-take it. The Board must approve you to sit for the exam again.
- If you passed the EPPP less than five years ago, you do not need to re-take it.

Requirements for *All Applicants*

- ☐ Submit a completed, signed and notarized *Application for Psychologist Licensure by Examination*.
- ☐ Enclose the non-refundable [processing fee](#) by check or money order made payable to the "State of Delaware."
- ☐ Arrange for the Board office to receive an official transcript, sent directly from the college/university to the Board office, showing that you have a doctoral degree from a psychological studies program specifically designed to train and prepare psychologists.
 - A doctoral degree from a program accredited by the American Psychological Association (APA) meets this requirement.
- ☐ If your program is not APA-accredited, submit course descriptions (e.g., course catalog) and complete the *Evaluation of Coursework* form to assist the Board in evaluating your program.
 - This documentation is required *in addition to* the official transcript and must show that your program meets the criteria in Sections 6.1.1.2.1 - 6.1.1.2.10.4 of the Board's [Rules and Regulations](#).
- ☐ Arrange for your supervisor(s) to submit a [Supervisory Reference Form](#) directly the Board office.
 - The forms must document that you have one year of post-doctoral supervised experience consisting of 1500 hours.
- ☐ If you hold (or have ever held) a license in another State, arrange for *each* state to send a verification of licensure in good standing directly to the Board office.
- ☐ If you have passed the EPPP within the past five years, arrange for the Board office to receive a score report sent *directly* from the Association of State and Provincial Psychology Boards (ASPPB) to the Board office.
 - To obtain a score report, see www.asppb.org.
- ☐ If you have never been issued a U.S. Social Security Number (SSN), submit a [Request for Exemption from Social Security Number Requirement](#).
 - The Privacy Act of 1974, Section 7, requires the following information to be given to all applicants: Applicants for any Delaware professional or occupational license, permit, registration or certificate (other than Gaming permits) are required to provide a U.S. SSN (29 Del. C. §8735(m)). The Division of Professional Regulation uses the SSN primarily to verify identity and safeguard personal information. It may also be used to enforce child support obligation (13 Del. C. §2216) and for other lawful purposes.



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APPLICATION FOR PSYCHOLOGIST LICENSURE BY EXAMINATION

TYPE OF APPLICATION

1. Select your licensure situation:

- ☐ I do not hold a *current* license in any other state.
☐ I hold a *current* license in a state other than Delaware but I do not have two years of continuous experience after licensure. Also, I do not hold a Certificate of Professional Qualification in Psychology (CPQ) and I am not credentialed by the National Registry of Health Service Providers in Psychology (NRHSPP).

2. Select the status of your *Examination for Professional Practice in Psychology* (EPPP):

- ☐ I have never passed the EPPP.
☐ I have taken and passed the EPPP within the past five years.
☐ I need to re-take the EPPP because I passed it over five years ago.

IDENTIFYING AND CONTACT INFORMATION

3. Name : _____
Last/Family Name First Middle

4. Other Name(s) Used: _____

5. Date of Birth (month/day/year): _____ Gender: Male ☐ Female ☐

6. Have you been issued a U.S. Social Security Number? Yes ☐ No ☐

- If Yes, Enter your SSN: _____
- If No, you must file a [Request for Exemption from Social Security Number Requirement](#).

7. Mailing Address: _____

_____ City State Zip

8. Phone: _____ Email: _____
Daytime Home

EDUCATION, EXAM & INTERNSHIP

9. Enter your doctoral degree information below:

University/College: _____ Major: _____
City: _____ State: _____ Degree: _____
Dates Attended: From: _____ To: _____ Graduation Date: _____
month/day/year month/day/year month/day/year

Arrange for the Board office to receive an official transcript sent directly from your college or university to the Board office. The transcript must show your doctoral degree.

10. Was your doctoral program APA-accredited? Yes ☐ No ☐ **If no, submit a course catalog or other course descriptions and complete the *Evaluation of Coursework* form.**
11. Have you taken the Examination for Professional Practice in Psychology (EPPP) during the past five years? Yes ☐ No ☐ **If yes, arrange for the Board office to receive a score report sent *directly* from the Association of State and Provincial Psychology Boards (ASPPB).**
12. Do you have a Diplomat of American Board of Examiners in Professional Psychology? Yes ☐ No ☐ **If yes, enter:**
 Diploma Number: _____ Issue Date: _____ Specialty: _____
13. List your pre-doctoral internship experience.

FACILITY NAME	CITY	STATE	DATES (month/day/year)		TOTAL WEEKS	TOTAL HOURS OF WORK EXPERIENCE
			FROM	TO		

Arrange for your supervisor(s) to submit a [Supervisory Reference Form](#) directly the Board office. The form must show 1500 hours of post-doctoral supervised experience over a one-year period.

14. Was at least 50% of your pre-doctoral work experience in clinical services, with at least 25% of that time devoted to face-to-face direct patient/clinical contact? Yes ☐ No ☐

LICENSURE HISTORY

15. Are you (*or have you ever been*) licensed or certified as a psychologist in any other state? Yes ☐ No ☐
If yes, enter the following information about *each* license:

STATE	LICENSE NUMBER	ISSUE DATE	STATUS (e.g., active)

Arrange for *each* state listed to send a verification of licensure in good standing *directly* to the Board office.

DISCLOSURES

16. Have you ever been convicted of or entered a plea of guilty or *nolo contendere* (no contest) to any felony, misdemeanor or other criminal offense, including any offense for which you have received a pardon, in any jurisdiction? Yes ☐ No ☐ **If yes, submit a certified copy of your criminal history record.**
17. Have you ever had your professional license or certificate subject to disciplinary action (including but not limited to consent agreements, fines, probation, suspension or revocation)? Yes ☐ No ☐ **If yes, submit an official Board order or other documents.**
18. Has any jurisdiction rejected your application or revoked your professional license or certificate?
 Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**
19. Are any disciplinary or ethical complaints currently pending against you? Yes ☐ No ☐ **If yes, submit a letter giving a complete explanation. Include copies of all official documents or Board orders.**

POST-DOCTORAL PROFESSIONAL EXPERIENCE

20. Enter information about each location where you gained post-doctoral experience. You may duplicate this page as needed.

LOCATION			
Address: _____			
_____		_____	_____
City		State	Zip
Dates of Experience: From: _____ / _____		To: _____ / _____ Total Hours: _____	
Month Year		Month Year	
Name of Supervisor(s): _____ Title: _____			
Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number: _____ Issue Date: _____			
Briefly describe your duties in this position. (Attach separate sheet if necessary)			

LOCATION			
Address: _____			
_____		_____	_____
City		State	Zip
Dates of Experience: From: _____ / _____		To: _____ / _____ Total Hours: _____	
Month Year		Month Year	
Name of Supervisor(s): _____ Title: _____			
Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number: _____ Issue Date: _____			
Briefly describe your duties in this position. (Attach separate sheet if necessary)			

LOCATION			
Address: _____			
_____		_____	_____
City		State	Zip
Dates of Experience: From: _____ / _____		To: _____ / _____ Total Hours: _____	
Month Year		Month Year	
Name of Supervisor(s): _____ Title: _____			
Licensed Psychologist? Yes <input type="checkbox"/> No <input type="checkbox"/> License Number: _____ Issue Date: _____			
Briefly describe your duties in this position. (Attach separate sheet if necessary)			

To assure consideration of your license application at the next Board meeting, the Board office must receive all of these items no later than 4:30 PM ten full working days before the Board's meeting date:

- Completed, signed and notarized application form
- Fee payment
- All required supporting documentation.

Applications that are not complete within six (6) months of filing may be considered abandoned and discarded.

When your application is complete, please allow 4-6 weeks to receive your license.

AFFIDAVIT

I hereby apply to be considered for licensing as a Psychologist by the Board of Examiners of Psychologists under the standards, qualifications and procedures established under Title 24, Chapter 35, of the *Delaware Code*. I have read the State statute governing psychologists in Delaware. I have also received and read the Board's Rules and Regulations regarding the practice of Psychology in Delaware. I understand that the Board may require evidence additional to the material herein, including a written examination, and transcripts of academic training.

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

APPLICANT SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2_____.

SEAL

Notary Signature: _____

My commission expires on _____

APPLICATIONS THAT ARE UNSIGNED, NOT NOTARIZED, INCOMPLETE OR SUBMITTED WITHOUT THE REQUIRED FEE WILL BE REJECTED.



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SUPERVISORY REFERENCE FORM

INSTRUCTIONS

The purpose of this form is to verify the **hours of postdoctoral experience** that an applicant has provided while under the **supervision** of an **approved supervisor**. Please follow these instructions for completing this form.

- The supervisor must complete the entire form, sign it and mail it *directly* to the Board office at the address above.
- The applicant is not to complete any portion of the form. Forms not received *directly* from the supervisor will not be accepted.
- An approved supervisor must be a licensed clinical psychologist, or licensed physician specializing in psychiatry.
- Applicants are required to have gained a total of at least 1500 hours of post-doctoral experience while under the direct supervision of one or more approved supervisors. When combined, the hours of supervision under all approved supervisors must span a period of *at least one year*. For more information about the supervision requirements, refer to Section 7.0 of the Board's [Rules and Regulations](http://www.dpr.delaware.gov) available at www.dpr.delaware.gov.

The information in this form may be released under the Delaware Freedom of Information Act. We encourage each supervisor to be candid and forthright in evaluating a candidate for licensure since the supervised professional experience must be completed in a manner satisfactory to the Board.

INFORMATION ABOUT APPLICANT

1. Applicant Name: _____
Last First Middle

2. Mailing Address: _____

City State Zip

3. Phone: _____ Email: _____

INFORMATION ABOUT SUPERVISOR

4. Supervisor Name: _____
Last First Middle

5. Supervisor's Title: _____ Degree: _____

6. License Number: _____ Date License Issued: _____

7. Practice Address: _____

City State Zip

8. Phone: _____ Email: _____

VERIFICATION OF EXPERIENCE

9. During the period that you supervised the applicant, what was the applicant's professional identity?

- ☐ Psychologist
☐ Registered/Certified Psychologist
☐ Registered Psychological Assistant
☐ Psychological Intern
☐ Trainee
☐ Other: Specify: _____

10. Were you providing professional services at least 50% of the time in the same work setting where the applicant was gaining supervised professional experience? Yes ☐ No ☐

11. Describe *in detail* the training program and/or psychological duties the applicant performed under your supervision.

12. I would rate this applicant's performance while under my supervision as (check one):

- ☐ Acceptable ☐ Not Acceptable ☐ Unable to Evaluate

13. Provide the following information about the hours that the applicant worked under your supervision. Note that the hours you enter must be exact *numbers*.

Location of Supervision	Dates (mm/dd/yy)		Total Weeks Worked	Hours Worked Per Week	Total Hours Worked for Entire Period	Hours of Direct Clinical Service per Week	Total Hours of Direct Clinical Service for Entire Period
	From	To					

14. Provide a detailed breakdown of each type of supervision. *Note that the Total must meet requirements of Section 7.2 of the [Rules and Regulations](#):*

Format of Supervision	Hours Per Week
Individual Supervision:	
Group Supervision:	
Other: Specify: _____	
Total:	

Please include any other information you consider to be relevant on a separate page.

AFFIDAVIT

I hereby swear or affirm that the information contained in this application is correct and I understand that any intentionally fraudulent information will be reported to the Attorney General.

SUPERVISOR SIGNATURE: _____ Date: _____

County of _____ State of _____

Sworn or affirmed before me a Notary Public this _____ day of _____, 2____.

Notary Signature: _____

SEAL

My commission expires on _____

Mail this form *directly* to the Board office at the address above.



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EVALUATION OF COURSEWORK

If your doctoral degree in psychology is from a program of studies that is not accredited by the American Psychological Association, complete this form to assist the Board in evaluating your coursework. In addition, submit a course catalog or course descriptions.

For each topic in the left column, enter the course number and title of the course(s) in the catalog that covered that topic.

History and Development	Course #	Course Title
Biological aspects of behavior		
Cognitive and affective aspects of behavior		
Social aspects of behavior		
History and systems of psychology		
Psychological measurement		
Research methodology		
Techniques of data analysis		

Foundations of Practice	Course #	Course Title
Individual differences in behavior		
Human development		
Dysfunctional behavior or psychopathology		
Professional Standards		
Ethics		

Diagnosing & Intervention Strategies	Course #	Course Title
Theories, methods of assessment & diagnosis		
Effective intervention		
Consultation and supervision		
Evaluating the efficacy of interventions		
Issues of cultural and individual diversity		